

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10643972. FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	8					

CLAIMS					
	IND	DEP	IND	DEP	IND
51					
52					
53					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					